

TRANSMITTAL FORM

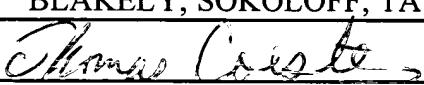
(to be used for all correspondence after initial filing)

		Application No.	10/611,452
		Filing Date	June 30, 2003
		First Named Inventor	Michael J. Castillo
		Art Unit	2631
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	77	Attorney Docket Number	42P16965

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) </div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </div> </div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
		<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> -Return Receipt Postcard (1) -PCT Search Rprt (10 pgs) -Cited References (3 Refs./59 pgs) </div>
		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 2, 2005

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Susan M. Barrette		
Signature		Date	March 2, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Not Yet Assigned	
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	
Art Unit	2631	Attorney Docket No.	42PI6965

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s)
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	FeePaid
Total Claims	29	29**	= 0 X 50.00	= \$0.00
Independent Claims	5	5**	= 0 X 200.00	= \$0.00
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\\$)	0.00

***or number previously paid, if greater. For Reissues, see below*

2 ADDITIONAL FEES

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2253	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Fee Paid

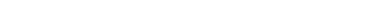
Other fee (specify)

SUBTOTAL (2)

(S)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature				Date	03/02/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

MICHAEL J. CASTILLO

Application No.: 10/611,452

Filed: June 30, 2003

**For: METHOD FOR TRANSCODING MPEG
ENCODED STREAMS**

Art Group: 2631

Examiner: Not Yet Assigned

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

It is hereby stated that no item of information contained in the Information Disclosure Statement was cited in a patent office in a counterpart application, and, to the knowledge of the undersigned, after making reasonable inquiry, no item of information contained in the Information Disclosure Statement was known to any individual associated with the filing or prosecution of the subject application more than three months prior to the filing of the Information Disclosure Statement.

The references were cited in a Search Report dated November 26, 2004 (copy enclosed herewith) in a counterpart PCT application, which was forwarded to Applicant's Representative in a communication dated December 3, 2004.

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

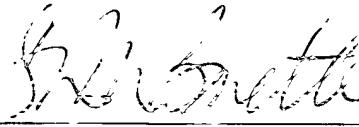
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: March 02, 2005


Thomas M. Coester
Thomas M. Coester, Reg. No. 39,637

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Susan M. Barrette 03-02-05
Date

Substitute for form 1449A/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	10/611,452
				Filing Date	June 30, 2003
				First Named Inventor	Michael J. Castillo
				Art Unit	2631
				Examiner Name	Not Yet Assigned
				Attorney Docket Number	42P16965
Sheet	1	of	2		

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature	Date Considered
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbol as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant can place a check mark here if English language Translation is attached.

Based on PTO/SB/08A (08-03) as modified by Blakeley, Solokoff, Taylor & Zafman (w/r) 08/11/2003

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<p>Substitute for form 1449A/PTO</p> <h1 style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p><i>(use as many sheets as necessary)</i></p>				<i>Complete if Known</i>	
Sheet	2	of	2	Application Number	10/611,452
				Filing Date	June 30, 2003
				First Named Inventor	Michael J. Castillo
				Art Unit	2631
				Examiner Name	Not Yet Assigned
				Attorney Docket Number	42P16965

NON PATENT LITERATURE DOCUMENTS

Examiner Signature	Date Considered
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¹Applicant's unique citation designation number. ²Applicant is to place a check mark here if English language Translation is attached.

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